

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/9/26

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT**

Department: HSA  
Dept Contact: Max Hudock  
Phone: X6921  
Dept. Signature: Alisha A. Bryden  
Title: AAS

Org Code: 5310100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**

CONTRACT #: 10281

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HSA

Contractor/Vendor Name: Summitview Child & Family Services, Inc.

Contract Term: 7/1/26-6/30/29 Contract Value: \$300,000

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Agreement for Services #10281 with Summitview Child & Family Services, Inc. to provide services in accordance with Behavioral Health Services Act

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/24/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.24 15:41:04 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/9/26

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Max Hudock  
Phone: X6921  
Dept. Signature: Alisha A. Bryden  
Title: AAS

Org Code: 5310100  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: \_\_\_\_\_

**CONTRACT INFORMATION**

CONTRACT #: 10282

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHSA

Contractor/Vendor Name: Stanford Youth Solutions

Contract Term: 7/1/26-6/30/29 Contract Value: \$2,445,000

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Agreement for Services #10282 with Stanford Youth Solutions dba Stanford Sierra Youth & Families for services in accordance with the Behavioral Health Services Act

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/24/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.24 16:39:57 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/8/26

Need Date: 4/23/26

**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Kiera Garcia  
Phone: x6923  
Dept. Signature: Alisha Bryden  
Title: Admin. Analyst Supervisor

Org Code: 5310100  
Funding Source: Mental Health Services Act  
PL String: 53MHSACSS  
Legistar #: 26-0653

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_ CONTRACT AMENDMENT #: n/a

Contracting Department: HHSA  
Contractor/Vendor Name: Infant Parent Center  
Contract Term: 7/1/26-6/30/29, w/ op Contract Value: 3-yr: \$1,020,000; 4-yr: \$1,3

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Behavioral Health Services Act (BHSA) Agreement - early intervention services  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/24/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.24 14:43:37 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract  Amendment  Resolution  Ordinance  Policy  Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/9/26

Need Date: 4/23/26

**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Kiera Garcia  
Phone: x6923  
Dept. Signature: Alisha A. Bryden  
Title: Admin. Analyst Supervisor

Org Code: 5310100  
Funding Source: Mental Health Services Act  
PL String: 53MHSACSS  
Legistar #: 26-0653

**CONTRACT INFORMATION**

CONTRACT #: 10284

CONTRACT AMENDMENT #: N/A

Contracting Department: HHSA  
Contractor/Vendor Name: New Morning Youth & Family Services  
Contract Term: 7/1/26-6/30/29 Contract Value: \$1,425,000

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Behavioral Health Services Act (BHSA) Agreement - early intervention services for children 0-5

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/24/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.24 15:16:58 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

**REVIEW AND APPROVAL REQUESTED FOR:**

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**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/9/26

Need Date: 4/23/26

**PROCESSING DEPARTMENT**

Department: HSA  
Dept Contact: Kiera Garcia  
Phone: x6923  
Dept. Signature: Alisha A. Bryden  
Title: Admin. Analyst Supervisor

Org Code: 5310100  
Funding Source: Mental Health Services Act  
PL String: 53MHSACSS  
Legistar #: 26-0653

**CONTRACT INFORMATION**

CONTRACT #: 10288

CONTRACT AMENDMENT #: N/A

Contracting Department: HSA

Contractor/Vendor Name: Sierra Child and Family Services, Inc.

Contract Term: 7/1/26-6/30/29, w/ op Contract Value: 3-yr: \$300,000 4-yr: \$400,0

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Behavioral Health Services Act (BHSA) Agreement - early intervention services for children 0-5

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/24/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.24 15:28:28 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

**REVIEW AND APPROVAL REQUESTED FOR:**

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**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 4/9/26

Need Date: 4/23/26

**PROCESSING DEPARTMENT**

Department: HHSA  
Dept Contact: Kristy Fackrell  
Phone: x6919  
Dept. Signature: Alisha A. Bryden  
Title: Admin Analyst Supervisor

Org Code: 5310100  
Funding Source: \_\_\_\_\_  
PL String: 53MHSACSS-  
Legistar #: 26-0653

**CONTRACT INFORMATION**

CONTRACT #: 102898

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: HHSA Behavioral Health

Contractor/Vendor Name: El Dorado Community Foundation

Contract Term: 7/1/26-6/20/29 or 6/30 Contract Value: \$1,020,000/ext\$1,360,000

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Behavioral Health Services Act Early Intervention Services for Seniors  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved  Disapproved  Date: 4/24/26  
Approved  Disapproved  Date: \_\_\_\_\_

By: Nicole C. Wright Digitally signed by Nicole C. Wright  
Date: 2026.04.24 16:50:20 -07'00'  
By: \_\_\_\_\_

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved  Disapproved  Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_